

Minor Accident, Incident, or Injury Report

Please Write Clearly

Name of Child _____ Age of Child _____

Date of Incident ____/____/____ Time of Incident _____ am pm

Individuals who Observed the Incident _____

Describe what happened: _____

Describe what action was taken in response to this incident, and by whom: _____

Was a parent, guardian or emergency contact person notified of the accident/incident? Yes No

If yes, name of person(s) contacted: _____

Date and time of contact: ____/____/____ at _____ am pm

Any Additional Comments: _____

Signature of Caregiver Date ____/____/____

Signature of Center Director Date ____/____/____

Signature of Authorized Person Picking Up the Child Date ____/____/____

This form is provided as a technical assistance suggestion only. Providers are not required to use this form.